

**Employee Relations Department
ESP SPECIAL AWARD EVALUATION FORM**

SUGGESTION #: _____

SUGGESTION TITLE: _____

EVALUATOR: _____

This suggestion has already received a Recognition Award which includes a Certificate and eight (8) hours of Administrative Leave. Your file should include the documentation from the previous review process. Now the idea has to be evaluated for a Special Award. This reports the results of the trial test and confirms permanent and successful implementation. If the suggestion will not be used it cannot be recognized and awarded a Special Award. This level includes up to \$5,000 in cash award for successfully implemented suggestions.

Positive Recommendation: If you have confirmed the success of this suggestion and will be recommending a Special Award, complete the Analysis section and the appropriate Special Award Worksheet (Tangible/ Intangible). Attach forms as needed.

Negative Recommendation: If the suggestion will not be used and you will be declining the suggestion, use the overall evaluation section to document the rationale behind your recommendation. Remember that your Department Director will be signing off on your recommendation and a copy of all the information will be sent to the employee/ suggester.

ANALYSIS:

	YES	NO
<u>Monetary Savings</u> Will the Suggestion result in cost savings or increased revenue for the first year of operation? If yes, please complete TANGIBLE AWARD WORKSHEET attached.		
<u>Practicality</u> Will implementation of this Suggestion be practical?		
<u>Efficiency</u> Will the Suggestion result in increased services, efficiency, or effectiveness of operation? If yes, and no tangible savings can be calculated, complete the INTANGIBLE AWARD WORKSHEET.		
<u>Conservation</u> Will the Suggestion result in conservation of property and/or materials?		
<u>Physical Working Conditions</u> Will the Suggestion result in improved safety or physical working conditions? If yes, but no tangible benefits can be calculated, please complete INTANGIBLE AWARD WORKSHEET.		
<u>Public Image</u> Will the Suggestion enhance the County's public image? If yes, but no tangible benefits can be calculated, please complete the INTANGIBLE AWARD WORKSHEET.		
<u>Implementation</u> Specify the process of how an idea was implemented and what Division/Bureau has been successful with using it.		
<u>Budgeting</u> Specify which Division/Bureau has spent their budgetary funds in order to implement the idea.		

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SUGGESTION #

OVERALL EVALUATION:

Please describe in detail the factors supporting your analysis. Your comments and observations will assist the ESP Departmental Coordinator, Departmental Suggestion Review Committee (DSRC), Department Director, Employee Recognition and Suggestion Manager, and potentially the ESP Manager's Grand Award Screening Panel and the Employee Suggestion Committee with assigning the appropriate recognition and award. Your response will also be shared with the employee suggester.

Additional narrative pages may be used.)

R E C O M M E N D A T I O N

(CIRCLE 1 or 2)

1. Do Not Grant Special Award

2. Grant Special Award
Suggestion Implemented as of _____ 200_____

Evaluating Department: _____

Evaluator: _____

Signature: _____

Date: _____

Contact number and e-mail: _____

SUGGESTION #